20	008 Dollar Cer	tification of	Budget Reque	est to Board of	County Comm	nissioners L-2		
District or Taxing Unit's Name:				County(ies):				
Fund	Total Approved Budget*	Cash Forward Balance	Other revenue <u>NOT</u> shown in Column 5	Property Tax Replacement From Line 13 of L-2 Worksheet	Balance to be levied	Calculated Levy Rate	Maximum Levy Rate	
					Col. 2 minus (Cols. 3+4+ 5)	(County Use Only)	(County Use Only)	
1	2	3	4	5	6	7	8	
	Subtotal of funds sul	bject to budget cap in I.C	C. §63-802. Not to exceed lin	ne 14 of the L-2 Worksheet.				
Column Total:								
I certify that the amoun	nts shown above acc	curately reflect t	he budget being ce	rtified in accordan	ce with the provision	ns of I.C. §63-803.		
To the best of my know	ledge, this district l	nas established a	nd adopted this bu	dget in accordance	with all provisions	of Idaho Law.		
Signature of District Represe	ontotivo			Title		Date		
Signature of District Represe	entative			Title		Date		
Please print above: Contact Name and Mailing Address				Email Address:				
Phone Number:				Fax Number:	r: ()			
Net Taxable Market Valu								
		-,		Clerk Use Only				
Use column C for com	puting levies for th	e following fund	<u>*</u>		ber 31, 2007. Or if	a existing U/R change	es its boundaries	
and now incl	udes a taxing distri	ct which current	ly has one the liste	d funds and is new	to the U/R due dire	ctly to the boundary o	hange.	
I.C. §63-1305 J	udgments, I.C. §33	-802 Judgment (Obligation, any Bo			Override/Supplement		
		(A)		(B)		(C)		
County		Net Taxable Market Value:		Urban Renewal Increment Value:		Total Taxable Value (A+B):		
Total Values								
Total Value:					_		-	